

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818). <h2 style="margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<b>Complete if Known</b> Application Number: 10/541,776-Conf. #1474 Filing Date: July 8, 2005 First Named Inventor: Toshihiko OHASHI Examiner Name: V. S. Chang Art Unit: 1794 Attorney Docket No.: 0216-0516PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,800.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
Total Claims	_____	_____	Fee Paid (\$)	Multiple Dependent Claims			
- or HP = _____ x _____ = _____	_____	_____	Fee (\$)	Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	_____	_____	Fee Paid (\$)				
- or HP = _____ x _____ = _____	_____	_____					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...			810.00				
1253 Extension for response within third month			990.00				

SUBMITTED BY		Registration No.	Telephone
Signature:	Name (Print/Type): John W. Bailey	32,881	(703) 205-8000
		Date	OCT 26 2009